

Travel Authorization for Permanent Change of Station (DOT 1500.6A Travel Manual)		1. Name and Location of Accountable Office DOT/FAA PHONE #		2. Authorization No.			
3. Name of Traveler		5. Residence Address (Number & Street, City, State & Zip Code)					
4. Social Security Number							
6. From: To:							
You are authorized to perform the following travel and to be reimbursed for expenses as provided in the Travel Manual.		7. Type of Permanent Duty Travel: <input type="checkbox"/> Transfer <input type="checkbox"/> Return from Overseas for Separation <input type="checkbox"/> First Duty Station					
8. Reporting Date		9. Names of Immediate Family (For travel purposes)		Relationship to emp.		DOB (Children only)	
10. Date Service Agreement Signed							
11.Travel to Begin on or About							
12.Travel Time-Number of Days							
13. POV Mileage Rate Employee Family		14A. One Round Trip is Authorized to the New Station for You and Your Spouse to Seek Residence. <input type="checkbox"/> YES <input type="checkbox"/> NO		14B. Maximum Number Days Authorized.		14C. Mode of Travel For Item 14A. <input type="checkbox"/> POV <input type="checkbox"/> RAIL <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> Other (Specify)	
15. Transportation for You and Your Family is Authorized. (Check all applicable modes)				<input type="checkbox"/> RAIL <input type="checkbox"/> POV (Family will accompany employee)			
<input type="checkbox"/> POV (Family will not accompany employee) <input type="checkbox"/> AIR (Lowest cost available)				<input type="checkbox"/> Other (Specify)			
16. In Addition to Per Diem for Employee, Per Diem is Authorized for Family. <input type="checkbox"/> YES <input type="checkbox"/> NO				17. Subsistence Expenses are Authorized for You and Your Family While Occupying Temporary Quarters for a Period Not to Exceed Days.			
18. Transportation and Storage of Your Household Goods are Authorized up to a Maximum of lbs. <input type="checkbox"/> Commuted Rate GBL (Actual expense) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Nontemporary Storage							
19. Allowances for Residence Transaction Expenses, Miscellaneous Expenses, and/or use of Relocation Services are Authorized: <input type="checkbox"/> YES <input type="checkbox"/> NO				20. Transportation of Your Dependents and Your Household Goods Should Be Completed as Soon as Practicable and Not Later Than			
21. Special Provisions or Remarks:							
22. Estimated Cost (Round to nearest dollar)		Item No.	Government Furnished (e.g.,GBL,GTR)	Employee Reimbursed (e.g., Commuted Rate)	23. Accounting Data		
					Object Class		
A. Round Trip to Seek Residence		14					
B. Permanent Duty Travel		15, 16					
C. Temp. Quarters Subsistence Allowance		17					
D. Shipment of Household Goods		18					
E. Storage of Household Goods		18					
F. Residence Transactions		19					
Sale/Lease Settlement							
Expenses		19					
G. Relocation Services		19					
H. Miscellaneous Moving Expense		19					
I. Relocation Income Tax Expense							
J. Subtotals		→					
24. Name and Title of Requesting Official (Type or print)				25. Name and Title of Approving Official (Type or print)			
Signature: _____				Signature: _____			
Date _____				Date _____			